

LARGE JAIL NETWORK

BULLETIN

2000

Contents

<i>Foreword</i>	<i>2</i>
<i>Complying with ADA in a Corrections Environment</i>	<i>3</i>
<i>Davidson County's Day Reporting Center: An Effective Alternative . . .</i>	<i>9</i>
<i>Why Public Health Must Go to Jail</i>	<i>12</i>
<i>Update: Social Security Expands Incentive Payments to Jails</i>	<i>15</i>
<i>Local Jails: The Missing Piece of the Community Policing Paradigm</i>	<i>16</i>
<i>Multnomah County Reengineers Its Classification and Disciplinary System</i>	<i>20</i>
<i>Milwaukee's High-Rise Jail/Prison Hybrid</i>	<i>26</i>
<i>Allegheny County Brings Welfare to Work to the Jail</i>	<i>28</i>
<i>Recommended Reading</i>	<i>31</i>

National Institute of Corrections

Morris Thigpen
Director

Virginia Hutchinson
Chief, Jails Division

Richard Geaither
Correctional Program Specialist

National Institute of Corrections
500 First Street, N.W.
Washington, D.C. 20001
(800) 995-6423

NIC Jails Division
1960 Industrial Circle
Longmont, Colorado 80501
(800) 995-6429

NIC Information Center
1860 Industrial Circle
Longmont, Colorado 80501
(800) 977-1461
(303) 682-0213
<http://www.nicic.org>

LARGE JAIL NETWORK

BULLETIN

2000

Contents

<i>Foreword</i>	2
<i>Complying with ADA in a Corrections Environment</i>	3
Kevin Heilman, Santa Clara County Department of Corrections, San Jose, California	
<i>Davidson County's Day Reporting Center: An Effective Alternative</i> . . .	9
Karla Crocker, Davidson County Sheriff's Office, Nashville, Tennessee	
<i>Why Public Health Must Go to Jail</i>	12
Karina Krane and John Miles, Centers for Disease Control and Prevention, Atlanta, Georgia	
<i>Update: Social Security Expands Incentive Payments to Jails</i>	15
<i>Local Jails: The Missing Piece of the Community Policing</i>	
<i>Paradigm</i>	16
David Kurtze, Fresno County Sheriff's Department, Fresno, California	
<i>Multnomah County Reengineers Its Classification and Disciplinary</i>	
<i>System</i>	20
Warren F. Cook and Larry P. Reilly, Multnomah County Detention Center, Portland, Oregon	
<i>Milwaukee's High-Rise Jail/Prison Hybrid</i>	26
John Husz, Wisconsin Division of Community Corrections, Milwaukee, Wisconsin	
<i>Allegheny County Brings Welfare to Work to the Jail</i>	28
Calvin A. Lightfoot, Allegheny County Jail, Pittsburgh, Pennsylvania	
<i>Recommended Reading</i>	31

Foreword

The purpose of the *Large Jail Network Bulletin* is to provide a forum for the exchange of ideas and innovations among administrators of large jail systems. In some instances these ideas can be easily transferred from one jurisdiction to another—in other words, they serve as a stimulus for the development of a slightly different approach to a similar problem or opportunity elsewhere. The National Institute of Corrections (NIC) neither evaluates nor endorses the material presented in the *Bulletin*; our role is to facilitate a free and open exchange of ideas and information. The quality and relevance of the *Bulletin* continue to depend on the willingness of Network member agencies to share information on innovative programs, technologies, and concepts.

The *Bulletin*, the LJN e-mail discussion list, and Large Jail Network meetings are designed to reinforce for the field the Institute's belief that large jail systems collectively possess the expertise and experience to adequately meet any challenge that a single jurisdiction might face. Goals of the Network meetings will continue to be as follows: 1) To explore issues facing large jail systems from the perspective of those responsible for administering those systems; 2) To discuss strategies and resources for dealing successfully with these issues; 3) To discuss potential methods by which NIC can facilitate the development of programs or the transfer of existing technology; and 4) To develop and enhance the lines of communication among the administrators of large jail systems. The success of the Network will continue to depend on the level of interest and involvement of large jail systems' administrators.

The LJN e-mail discussion list is now entering its second year as a communication tool for Network members. Discussions continue to address important procedural and policy issues raised by members, who often receive same-day feedback and information from their colleagues. NIC also uses the list to post announcements related to Network activities and other NIC program opportunities. Because Network members who are not on the listserv may have more difficulty staying up-to-date with our activities, NIC encourages all Network members to enroll.

To join the list, address an e-mail to **ljn-request@www.nicic.org**. No subject line is necessary. In the body of the message, type **subscribe (your first name) (your last name)**, omitting the parentheses. You can also join by calling me at (800) 995-6429, ext. 139. For more information about using the LJN discussion list, see the member guidelines on the NIC web site at <http://www.nicic.org/pubs/htmldocs/listdoc-ljn.htm>.

We invite LJN Network members to continue to use this and other NIC services and, more importantly, to inform us as to how we might meet other needs that have not been addressed.

Richard Geaither
Corrections Program Specialist
NIC Jails Division

Complying with ADA in a Corrections Environment

AT THE MILLENIUM'S

end, more and more correctional institutions were on the wrong side of litigation, forced to defend their efforts in the application of the Americans with Disabilities Act (ADA). Following the 1998 decision of the U.S. Supreme Court in *Pennsylvania Department of Correction v. Yeskey*, institutions must now provide adequate access to programs and services for inmates with disabilities. The decision in the case established that prisons and jails fall squarely within the statutory definition of "public entity."

Waiting for problems to occur in this arena is like watching the proverbial lit fuse burn down on a stick of dynamite. It is only a matter of time before the issue explodes. A systematic, proactive approach is the recommended alternative to lengthy and expensive litigation.

Like managers in many other institutions, we in the Santa Clara County Department of Correction (DOC) believed we were ahead of the curve in responding to the ADA. We had made efforts to address the needs of the mobility impaired and had introduced TDD machines, closed-caption televisions, amplified phones, and other assistive listening devices for deaf and hearing-impaired inmates.

Nonetheless, the DOC found itself in federal court in 1998 defending its actions in the case of *Padilla v. Ryan*, our version of *Yeskey*. The local inmate advocacy law firm, which filed this federal class action lawsuit, alleged that the DOC had failed to provide deaf and hearing-impaired inmates with full and equal access to facilities and programs and had demonstrated a policy and practice of discrimination toward this category of inmates.

The ADA seeks to dispel stereotypes and assumptions about disabilities and to assure equal opportunity, full participation, independent living, and economic self-sufficiency for disabled people. To achieve these objectives, the law prohibits covered entities from excluding people from jobs, services, activities, or benefits based on disability.

Not every disabled person is covered by the ADA, however. Certain standards must be met for a person to qualify for the Act's protection.

- To be considered "disabled" under the ADA, a person must have a

condition that significantly impairs a major life activity or have a history of such a condition, or be regarded as having such a condition.

- A disabled person must also be qualified for the job, program, or activity to which he or she seeks access. To be qualified under the ADA, a disabled person must be able to perform the essential functions of the job or meet the essential eligibility requirements of the program, activity, or benefit with or without an accommodation to his or her condition.

THE ISSUE IN PADILLA

dealt with communication barriers, specifically those that would prevent hearing-impaired individuals from equal access to programs, services, activities, and benefits. A public entity, such as a jail, must ensure that its communications with individuals with disabilities are as effective as communications with others, which means that it must make available appropriate auxiliary aids and services where needed to ensure effective communication.

By **LIEUTENANT KEVIN HEILMAN**, Santa Clara County Department of Correction, San Jose, California.

Examples of auxiliary aids and services for individuals who are deaf or hard of hearing include:

- Qualified interpreters;
- Notetakers;
- Computer-aided transcription services;
- Written materials;
- Telephone handset amplifiers;
- Assistive listening systems;
- Telephones compatible with hearing aids;
- Closed-caption decoders;
- Open and closed captioning;
- Telecommunications devices for deaf persons (TDDs);
- Videotext displays; and
- Exchange of written notes.

When making accommodations, it is important to consult with the individual requesting the accommodation to determine the most appropriate auxiliary aid or service, because that person is most familiar with his or her disability and is in the best position to know what will be effective. We should attempt to honor the individual's primary choice unless we can demonstrate that another equally effective means of communication is available or that use of the means chosen would result in a "funda-

mental alteration in the service, program, or activity" or impose "undue financial and administrative burdens."

It should be noted that resolving communication barriers will rarely place the entity in a situation of undue financial burden. In our situation, for example, an estimated cost of \$400,000 for installing visual alarms was not enough to support a claim of undue financial burden. It is the budget of the entire entity that is factored in when determining the validity of an undue financial burden claim, which, in our case, would have been the county's entire budget.

WHEN MUST JAILS

provide these accommodations? As a rule, the entity must provide accommodation if the communication content will be "complicated, confidential, or important," according to the court ruling. In other situations, staff may use whatever manner of communication promotes understanding based on the circumstances and information conveyed.

Emergency situations hold special concerns and are exempt from the effective communication requirement. Under emergency circumstances, staff may use alternate methods of communication to gather information necessary to properly handle the situation. Once the situation is controlled and stable, the effective communication standard again applies. This standard has required us to return to the indi-

vidual and, in a manner providing effective communication, verify the information collected during the emergency.

HEARING DISABILITY

issues were first raised in Santa Clara County in November 1994. Local inmate advocacy attorneys presented the department with a draft letter outlining policies and procedures they recommended we implement to protect the rights of hearing-impaired inmates. Eleven of the 12 areas of concern addressed in the letter later became the foundation of injunctive relief in the *Padilla* settlement.

The concerns covered:

- The need for interpreters;
- Designated housing areas;
- Classification assessment and proper coding;
- Adequate medical screening;
- Notification of rights; and
- Emergency procedures.

The inmate advocacy attorneys contacted us again in 1995 to convey their concern over the department's lack of progress in addressing the needs of inmates with hearing impairments. The DOC responded by generating several memos directing staff to take specific actions when interacting with hearing-impaired inmates. However, no

formal policy was adopted at this time.

On May 13, 1996, a certain hearing-impaired offender was incarcerated in Santa Clara County and remained in the custody of the DOC until May 17. It was said that, during his incarceration, he did not have adequate access to telephone communications. As a result, he stayed an extra day in custody because the court was unaware of his need for interpretation services and had not made arrangements for an interpreter to be present for his hearing. The court had to reschedule his court appearance for the following day.

While the inmate was in custody, his wife, who was also hearing impaired, attempted to get information on her husband's status and location. Her efforts were hindered because the department was not adequately prepared to interact with the hearing-impaired public.

SUIT WAS FILED IN APRIL 1998 in U.S. District Court on behalf of hearing-impaired individuals. *Padilla v. Ryan* alleged that the DOC failed to:

1. Ensure effective communication with and for arrestees, inmates, and jail visitors who are hearing-impaired;
2. Provide appropriate auxiliary aids and services such as qualified sign language interpreters and TTY devices;

3. Effectively inform and notify hearing impaired individuals of their rights under the law; and

4. Prevent a pattern of practice that violates the rights of hearing-impaired persons.

Although we contended that the DOC had not violated the rights of hearing-impaired inmates, after carefully considering the circumstances surrounding the lawsuit, we believed it to be in the best interest of all parties to negotiate a settlement. We negotiated in good faith and reached terms that we believe to be fair and just.

The negotiation team evaluated each proposed item in terms of the following criteria:

- Would it provide effective communication?
- Would it protect the safety of hearing-impaired inmates?
- Would it protect the rights of hearing-impaired inmates? and
- Would it jeopardize safety and security of the facility, staff, inmates, or visitors?

If the answers to these questions were favorable, the proposed item was adopted. The only item discussed which we believed to be unreasonable and an undue financial burden was a visual alarm system upgrade proposed for *all* inmate housing areas. We reached a compromise in which visual alarms

would be installed only where inmates had free egress from occupied structures.

PERSON-TO-PERSON

communication barriers were the first item of concern in terms of the injunctive relief items. To ensure that inmates with hearing impairments could communicate effectively, the DOC took the following steps:

- Outside vendors were contracted to provide sign language interpretation services. Each contract contains a stipulation requiring a response time not to exceed 1 hour from notification.
- The medical screening questionnaire was revised to include questions specifically designed to identify persons with hearing impairments and other disabilities.
- The intake process was changed to require that a designated officer be assigned the task of walking each hearing-impaired inmate through the process and ensuring that effective communication is provided. We believe that the sooner a hearing-impaired inmate is identified and the responsibility assigned to staff, the less likely we are to be accused of violating the inmate's rights.
- It was decided that staff would be used as interpreters only in emergency situations or instances in which the certified interpreter is delayed. In both of these situa-

tions, all information provided to a hearing-impaired inmate must be verified once the certified interpreter is present. Staff may use whatever means necessary to convey information to a hearing-impaired inmate during an emergency. For routine daily interactions, staff may use notes, gestures, sign language, written text, and/or lip reading to convey information, as long as the inmate understands it.

POLICIES ALSO ENSURE

that hearing-impaired individuals have access to auxiliary aids, including:

- Assistive listening devices (amplification systems);
- Amplified telephones;
- Permanently installed and portable TDD units; and
- Closed-caption-capable televisions.

The portable TDD machines are accessible to inmates if a permanent phone becomes inoperable or if the inmate is housed in an area where there is no access to a permanently installed TDD phone unit. Amplified telephones have been installed in designated housing areas and in all non-contact public visiting areas. These visiting booths have amplified phones on both the inmate and public sides of the glass.

Additional injunctive relief measures were also implemented.

- All public announcements over public address systems must be relayed individually to hearing-impaired inmates. Examples include announcements for interviews, appointments, court appearances, meals, medical appointments, and medication.
- An automated information system allows the hearing-impaired public to obtain custody and facility information. The system allows persons also using a relay service to option out of the automated system and speak with a live operator. It also enables others to gain information in Spanish, Vietnamese, or English.
- The DOC provides batteries and prompt repair for broken or damaged hearing aids. The medical department maintains a stock of hearing-aid batteries and arranges for and monitors all hearing aid repairs conducted by outside vendors. The DOC will assume no responsibility to purchase hearing aids for persons who come into custody without their aids, unless compelled to do so by a court order. A process has been implemented that allows family members to bring hearing aids into the facility for inmates who were not in possession of the aids at the time of arrest. These aids are scrutinized for security concerns before being given to the inmate.
- Hearing-impaired inmates are allowed to possess paper and pencil for daily communications with staff, as long as those items do

not conflict with the safety and security of the facility.

- Our classification system helps us assess the housing needs of a hearing-impaired inmate, alert custody staff to the inmate's hearing impairment, and notify the court of the inmate's condition and accommodation needs.
- To ensure that hearing-impaired inmates have equal access to DOC programs, program staff must conduct an assessment interview within 72 hours of intake with each hearing-impaired inmate who stays in custody. This interview determines programs the inmate may be interested in, the accommodation or options that will be necessary for equal program participation, and the inmate's program eligibility. Staff have reviewed each program provider to determine the provider's ability to accommodate disabled persons. Each provider was required to submit a plan for integrating disabled persons, especially hearing-impaired persons, into their programs.
- We now notify hearing-impaired inmates of their rights through several media. Our research determined that the first hour of incarceration is very frustrating and stressful for hearing-impaired inmates, so we created a short video that conveys important information through sign language and closed-captioning. The video briefly explains inmates' rights, the intake process, and our expect-

tations. It is shown to the inmate during the first hour while he/she waits for the interpreter to arrive. Written notifications in three languages have been posted in all inmate housing. Inmate rule books now include specific sections to inform hearing-impaired inmates of their rights. The inmate orientation video, which conveys information on conditions of long-term confinement, now has a closed-captioned window featuring a sign language interpreter.

- During emergency situations, it is the officer's responsibility to know the needs of inmates with special concerns and to ensure that they are evacuated immediately from the affected area.
- To assist staff in identifying hearing-impaired inmates, the inmate is provided with a specially colored wristband that staff have been trained to recognize.
- There are designated housing areas for the hearing-impaired. Each is provided with closed-captioned televisions, access to TDD machines, amplified telephones, and access to programs.

THE LAST PIECE OF THE injunctive relief is training for all custody and non-custody staff. The training focuses on newly adopted policies and procedures, sensitivity training, and use of hearing-impaired communications equipment.

How does a department efficiently train 700 people in a short time and

ensure that everyone is on the same page? We resolved this problem by training the line supervisors and training officers first—approximately 225 persons in a 2-month period. This group was responsible for providing stability on ADA issues until the rest of the staff could be trained.

To assist those who were initially trained, we appointed an ADA Coordinator for Inmate Concerns and two ADA Divisional Representatives for Inmate Concerns. The coordinator oversees all ADA compliance, and the divisional representatives are responsible for the day-to-day monitoring and tracking of ADA processes. By the end of this fiscal training year, the rest of the staff will have completed the required training.

THE ADA WAS DESIGNED

to be enforced by private attorneys filing suits against private and public entities. One problem you will most surely face, if you find yourself in litigation over ADA issues, is the reluctance of counsel to take the case to jury trial when the plaintiff is a person with a disability. With that in mind, we recommend that, on initial notification of a problem, you take the initiative, become proactive, and aggressively address the problem to develop dependable solutions.

Once you have been given notice of the problem, it is important to take positive action to resolve it, as this will demonstrate your intention to act in good faith. Our biggest

mistake was that we did not aggressively implement solutions, because we did not completely understand the potential impact—both financial and procedural—on our system. ADA issues affect only a small percentage of inmates, but if they are not corrected they can have a significant impact on your jail system.

It is absolutely necessary to seek the advice of an expert in the field of ADA regulations, because each request for accommodation must be judged on its own merit. One of the major problems we encountered was that there were very few consultants with expertise in both corrections and ADA issues. As a result, the corrective action process was slowed as the ADA specialists were familiarized with the corrections environment.

The assistance of ADA experts is extremely important during the period when you attempt to assess the validity of the complaint and develop an action plan to correct the problems. Experts are also very helpful when you need to analyze possible accommodation options.

ADA ACCOMMODATIONS

significantly change the corrections environment and may initially be difficult for staff to embrace. Therefore, we recommend that you audit staff behaviors frequently and aggressively until staff fully understand and support ADA-related concepts.

As the basic premise of ADA regulations requires each request for accommodation to be evaluated on its own merit, we also recommend keeping the responsibilities of line staff simple and forcing all evaluation and decisions to be made by supervisors. By doing so, you will increase the consistency of your decisions.

Most importantly, make sure that ADA accommodations are not implemented at the sacrifice of safety and security of staff, inmates, or your facilities.

THE FACT THAT DISABLED

inmates can invoke the protections of the American with Disabilities Act is a sobering reality in the field of corrections—and a reality that will, in all likelihood, be present for quite some time. Over the next few years, we will see a struggle in the courts as they wrestle to further define ADA regulations and their applications.

However, we don't anticipate that the basic premise of the *Yeskey* decision will change or be reversed. Corrections officials will be compelled to address the issues and manage correctional environments that provide inmates with disabilities equal access to programs, services, activities, and benefits.

In Santa Clara County, we have benefited in several ways from having to address the hearing-impaired/ADA issue. Staff now have a keener awareness of the needs of inmates with disabilities. They understand

that ensuring that inmates with disabilities are treated with dignity is morally and legally the right thing to do. The DOC was forced to assess other types of disabilities and take action to remove any barriers. We still have work to do in this area, but we have made significant improvements.

I hope that sharing our experiences will assist you in proactively addressing ADA issues. We hope that you will review your processes and take the corrective steps necessary to avoid the possibility of costly litigation. ■

For more information

*Lieutenant Kevin Heilman
Santa Clara County
Department of Correction
150 West Hedding Street
San Jose, California 95110
(408)299-3337 ext.1336
E-mail: dcheilke@doc.co.santa-clara.ca.us*

Davidson County's Day Reporting Center: An Effective Alternative

THE COLD, HARD TRUTH

about incarceration is that you simply can't lock up every person who commits a crime. Many jails across the country have seen the result of that attempt and have reached a crisis point with overcrowding.

The Davidson County Sheriff's Office (DCSO) in Nashville, Tennessee, is no exception. As a result of massive overcrowding in the 1980's, two county jails currently operate under a 1990 federal court order. Unfortunately, many U.S. jails have met the same fate. Overcrowding has caused many sheriffs and jail administrators to look toward alternative sanctions as a solution.

"When I first took office in September 1994, we were already overcrowded with no plans for a new jail on the drawing board. We had to take action immediately. By February 1997, we opened a 600-bed minimum security facility. But as the old saying goes, 'if you build it, they will come.' We are now operating that facility at near capacity," Davidson County Sheriff Gayle Ray notes.

Along with recognizing the need for more beds, Ray also realized the need for alternative sanctions. In 1994, Davidson County had no sanc-

tioning alternatives for misdemeanants besides probation or incarceration. "I had learned from research and training that more progressive communities had a sentencing continuum that included some alternatives to incarceration as options. My first budget (1995-96) contained a proposal for a Day Reporting Center, but the mayor did not approve it. Since that time, we diligently looked for grants that could be used for this purpose and found a receptive audience at the state level," Ray adds.

IN 1998, THE DCSO

received a four-year grant from the Edward Byrne Memorial Grant Fund to set up and maintain a Day Reporting Center (DRC). The grant, worth nearly \$1 million, is funded under an agreement with the State of Tennessee Department of Finance and Administration, Office of Criminal Justice Programs. It helped Davidson County move one step closer to alleviating jail overcrowding as well as helping misdemeanor offenders integrate back into society.

"Our DRC, which has been in operation for about a year, has a capacity of 75 participants. Perhaps even

more important than addressing overcrowding, the DRC gives someone an option to turn his or her life around in a positive manner," says Ray.

THE DAVIDSON COUNTY DRC, based on a program in Massachusetts, is designed for non-violent misdemeanor offenders. It blends substance abuse treatment with employment and life skills programs, GED classes, random drug screens, curfew calls, and supervision meetings with case managers. Its mission is to provide offenders a continuum of support services throughout their adjustment to community living.

A typical offender initially reports to the center several times a week for supervision and services while living at home. The offender moves through the program from more intensive to less intensive supervision services. Each participant must pay a monthly \$35 supervision fee and obtain gainful employment. Offenders are also required to give back to the community by performing up to 10 hours of community service work each week.

There are three phases to the program:

- Phase I (minimum of 30 days) includes substance abuse treatment four times a week, two supervision meetings weekly, a 7:00 p.m. curfew, curfew calls, random drug screens, and community service work.

By **KARLA CROCKER**, Public Information Officer, Davidson County Sheriff's Office, Nashville, Tennessee.

- Phase II (lasting from 4 to 8 weeks) includes substance abuse treatment/programs two to four times a week, an 8:00 p.m. curfew, curfew calls, random drug screens, community service work, and mandatory GED participation.
- Phase III is considered aftercare, and participation is determined by the courts.

According to the center's director, Diane Moore, the program has proved to be a success, with nearly 50 completions to date and a per diem rate much lower than incarceration. "Our per diem is \$10.33 compared to around \$37 in one of our jails. In addition, we have a manageable case-load—about 25 participants per case manager. They are not going to fall through the cracks very easily," Moore says. "It usually takes someone 2 to 4 weeks to settle into the program. An average participant is in the program 6 months; much longer than that and there's a diminishing return. They get burned out. It's important for participants to start trying out their skills without the intensive supervision."

Offenders come to the Day Reporting Center in a variety of ways. Some are directly sentenced to the program, in which case they do not get day-for-day credit. This means that if they violate program rules, even on their last day at the DRC, they may be returned to jail to serve their full sentence. Other offenders come to the DRC through case managers at the Correctional Work Center, Davidson County's minimum-secu-

rity facility, who recommend placement of inmates they believe are showing responsibility and accountability. Finally, offenders who face probation revocation can also be sentenced to the DRC.

Moore notes that a key to the program's success is hiring the right type of people to work with participants. "I'm trying to hire people who have the right combination of case management skills, mental health skills, and substance abuse skills. If I can get the right people in these positions who have the corrections ability with those other things mixed in, then I don't have to hire two people to do what one should be able to do—and that's cutting the cost significantly. When you get someone who can be the hammer and the velvet glove at the same time, everyone wins," Moore emphasizes.

CURRENTLY, MOORE AND Ray are waiting to hear whether the department will be approved for more grant money to expand the program capacity to 125. According to Ray, the groundwork for expansion has been laid through successful implementation. Over the long term, the sheriff envisions obtaining funds for a women's residential drug treatment program for a component of the DRC that currently serves women offenders.

"Alternative sentencing programs will not work without the full understanding and support of the broader criminal justice community. Prosecutors, defense attorneys, judges, and individuals working in

probation must understand and trust the program in order for it to fulfill its mission," Ray states.

According to Moore, one of the toughest obstacles she had to overcome was acceptance within the criminal justice community. "True, we are at capacity now, but we've been open a year. I had imagined we would be at capacity within 6 months. We began initiating meetings with judges and other members of the criminal justice community months before the center opened. You really need to have someone to work with the judges and be in the courtroom much of the time or they forget about you. There are so many private and public programs out there—all competing for the same type of offender—that you have to make it known to the judges that you have one of the best," Moore says.

It seems the DRC staff has done just that with judges in Davidson County. General Sessions Court Judge Mark Fishburn is one of the program's biggest supporters. "As a judge, I look at the concept of alternative sentencing as an opportunity to help people change their lifestyle. I don't think punishment in and of itself in many situations addresses the long-term consequences of the person who has committed a criminal act. Punishment doesn't always change behavior or get people out of the system. I think alternative sentencing more effectively accomplishes that in many situations—especially the misdemeanor cases I deal with daily," says Fishburn.

When evaluating offenders for the DRC, Fishburn looks at a person's legitimate interest in trying to change his life. "If most of their criminal history has been motivated by drugs—and the crimes are not serious in nature—I will look closely at that individual. Once you talk to them, you start to understand whether or not they are serious about getting out of the rut they're in. But no matter how closely you screen people, it's still hit and miss," Fishburn says. "The program hasn't been around long enough to give a long term assessment, but the early results are incredible. I think it's the best program we've ever had around here, and I rely on it significantly. I don't think there's a week, or even a day, that I don't have someone screened to be placed in the DRC program."

The DRC's ratio of 25 offenders to one case manager makes the program much more manageable than probation. According to Fishburn, each probation officer averages 300 to 350 offenders.

"What the DRC program strives to accomplish is different than probation. The general idea of probation is to keep an eye on an offender to make sure that person doesn't get into trouble again. There may be a treatment plan, but it's not directly supervised by the probation officer. My officers do a great job, but probation just isn't set up for daily and personal interaction," Fishburn says.

Fishburn believes DRC participants perceive their case managers as people they can turn to if they have

a problem. Additionally, the DRC places offenders in extremely structured programs, thereby making their lives more structured than they have ever been.

SHERIFF RAY IS

extremely proud of the DRC's success. Although many strides have been made over the past year, Ray and her staff are always looking for ways to improve services. Some of those future services may include a pretrial track and electronic monitoring.

"It's been five years since I first proposed a program such as this, and it's amazing to think of how far we have come. I believe it's important for all those in the criminal justice community to think outside the box and try to implement new and innovative programs. Being a sheriff or jail administrator is not just about locking people up. It's also about helping the community as a whole by providing services that will assist those who truly want to become productive members of society," Ray concludes. ■

For more information

*Diane Moore, Director
Davidson County Sheriff's Office
Day Reporting Center
802 Second Avenue South
Nashville, Tennessee 37210
(615) 880-1945*

Why Public Health Must Go to Jail

A FIRST-OF-ITS-KIND

conference was held in Chicago, Illinois on October 3-5, 1999. The purpose of the conference, "Integrating Public Health and Corrections: Preparing for the New Millennium," was to heighten awareness of the need to integrate public health and correctional health at the local level. A meeting bringing together public health, corrections, and community-based organizations had never before taken place on such a large scale. Sponsoring agencies included Bristol-Myers Squibb Immunology, the Centers for Disease Control and Prevention (CDC), the Chicago Department of Public Health, the Cook County Bureau of Health Services, the Health Resources and Services Administration (HRSA), the National Commission on Correctional Health Care (NCCHC), the National Institute of Justice (NIJ), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Key public health and jail representatives from 17 of the nation's largest jail jurisdictions, important policy-makers from national correctional and public health organizations, and community leaders attended.

The jurisdictions that participated were:

- Maricopa County, Arizona
- Los Angeles County, California
- San Diego County, California
- Denver County, Colorado
- Broward County, Florida
- Dade County, Florida
- Fulton County, Georgia
- Cook County, Illinois
- Orleans Parish, Louisiana
- Baltimore City, Maryland
- Kansas City/St. Louis, Missouri
- New York City, New York
- Philadelphia, Pennsylvania
- Dallas County, Texas
- Harris County, Texas
- Shelby County, Tennessee
- Milwaukee County, Wisconsin.

TWO MILLION

individuals are now incarcerated in U.S. jails and prisons, and nearly 6 million are under some form of criminal justice supervision. These individuals are disproportionately poor and members of racial minority

groups. They have been medically disenfranchised prior to incarceration and have high rates of infectious disease, substance abuse, high-risk sexual activity, and other health problems. Due to high-risk behaviors, many are at risk for acquiring sexually transmitted diseases (STDs), including the human immunodeficiency virus (HIV) and hepatitis. Furthermore, they are at increased risk for tuberculosis (TB), asthma, cardiovascular disease, and other chronic diseases.

In 1997, for example, 24% of all syphilis cases in Chicago were diagnosed at the Cook County Jail. Moreover, in 1997, inmates represented 4.6% of the U.S. AIDS cases reported. This AIDS case rate was estimated as six times higher than in the general population. Based on these data, it is apparent that the most explosive public health issue affecting detained individuals is the rate of infectious disease among this population.

In 1996 the Joint United Nations Program on HIV/AIDS (UNAIDS) cogently summarized the importance of health care and disease prevention in correctional facilities: "Prisoners are the community. They come from the community, they return to it. Protection of prisoners is protection of our communities."

By **KARINA M. KRANE, MPH**, and **JOHN R. MILES, MPA**,
Centers for Disease Control and Prevention, Atlanta, Georgia.

Thousands of former correctional inmates return to the community each month. Despite the high rates of disease and high-risk behavior among this population, few metropolitan areas have created partnerships between correctional health care settings and community-based public health care systems. Such partnerships, which can ensure that continuity of care is provided to former inmates upon their release, are a key weapon in the struggle against HIV/AIDS and other infectious diseases for both incarcerated populations and the larger community.

The Chicago conference was designed to foster partnerships between jails, public health, and community-based care and services providers. Collaboration and coordination among these organizations is necessary to support surveillance, prevention, and health care activities for HIV, STDs, TB, and other health conditions present in jail settings that also extend into the community upon an inmate's release. Jails provide a unique opportunity to access hard-to-reach populations for disease identification, treatment, and follow-up prior to their release back into the larger community. Prevention activities and primary health care in jails benefit not only the incarcerated, but also the community at large.

In addition to providing an opportunity for a dialog between correctional health care providers and public health professionals, the conference also:

- Focused discussion on the impact of correctional health on public health and the importance of collaboration between these two systems;
- Provided an opportunity for public health organizations to strategize and develop a standardized national training program for public health providers related to correctional health and public health service delivery; and
- Identified steps needed to link detainees to services once they are released, to ensure continuity of care.

THE REVEREND JESSE

Jackson, President and CEO of the Rainbow/PUSH Coalition, delivered the keynote address. Dr. Jackson noted that there is "a soft distinction between us and them" and that "the lines of separation are not real." He thus reinforced the concept that inmates and detainees are part of the community and do return to the community. "None of us are safe until all of us are safe," Dr. Jackson said, transcending the issue of disease transmission to raise other social issues such as violence, substance abuse, and crime.

Following Dr. Jackson's address, other speakers described model programs and barriers and challenges to collaboration. The next day's agenda divided participants by local jurisdictions to work together on developing a "Blueprint for Change." Each jurisdiction was given a template on which to iden-

tify a goal to work toward, develop objectives to meet that goal, and assign tasks and resources to each objective. Before developing the action plan, the jurisdictions were divided into four groups to conduct an interactive discussion describing barriers that participants faced. This discussion of barriers helped to bring ideas and issues onto the table and provided a basis for the action plan. The questions raised during the interactive sessions included:

- What epidemiologic data are available on the burden of disease in incarcerated populations in your region?
- Do the local HIV care and prevention planning groups target incarcerated populations?
- What existing statutes, policies, and regulations, if any, require testing of jail inmates upon intake?

ALL BUT TWO OF THE 17 jurisdictions completed a Blueprint for Change. Goals for the blueprint fell into two categories: 1) preparation and planning, and 2) program initiation or enhancement. In the category "preparation and planning," a majority of the jurisdictions decided to hold a coordination meeting (82%). Other jurisdictions decided to focus on increasing funding for this collaboration (47%), conducting a needs assessment (35%), building support for interventions (35%), developing formal coordination agreements (18%), reviewing policy (12%), and participating in HIV prevention and care planning groups (6%). (A juris-

diction could select more than one goal).

The variety of goals developed under the category "program initiation or enhancement" covered all components of a public health model for correctional health care: disease surveillance, prevention education, treatment, transitional services, medical data coordination, cross-training, and evaluation. The three areas receiving the most attention will be transitional services (53%), evaluation (47%), and disease surveillance (41%). (Again, a jurisdiction could select more than one goal).

In terms of staffing and technical assistance needs, almost all jurisdictions represented at the meeting cited the need for more staff to work on the collaboration between public health and corrections. Over half of them requested technical assistance from CDC, NCCHC, NIJ, HRSA, SAMHSA, and pharmaceutical companies. Most asked for more funding, examples of model programs and best practices, epidemiologic data, and resource materials.

TO ENSURE THAT THE work and outcomes of this meeting are disseminated and continued, CDC and NIJ will provide assistance to each jurisdiction in developing and implementing its action plan. CDC and NIJ are pleased to announce that a nationally recognized corrections consultant, Theodore M. Hammett, Ph.D., with Abt Associates, has been selected

to assist with: 1) dissemination of the outcomes and recommendations from the meeting for policy development and resource acquisition, and 2) follow-up activities to help operationalize the action plans. CDC and NIJ will monitor progress, report interim findings, and provide individualized technical assistance over the next 12 to 15 months to help jurisdictions achieve their outcome objectives.

Dr. Hammett and his staff are currently developing a typology of goals and contacting each area to ascertain the status of plans and identify new issues and technical assistance needs. After this initial step, Dr. Hammett will provide assistance to each jurisdiction in finalizing its blueprint. Subsequent activities will include the development and pretest of process evaluation instruments to monitor progress and outcomes achieved.

The evaluation of this initiative and conference will take place in several steps. The CDC state program consultants will work with their respective jurisdictions to conduct the process evaluation. A CDC

project officer will coordinate the evaluation by assisting the program consultants in collecting process data and by collaborating with Abt Associates in data analysis. This direct monitoring and involvement in the project is designed to hasten completion of the report.

COMMENTS ABOUT THE meeting were laudatory and enthusiastic. Many people from both corrections and public health could not believe that it took this meeting to bring them together for the first time with their counterparts in the other agency whose office was only on a different floor or just down the street. Others were impressed with the presenters from the model programs and took away with them new tools to help foster partnerships in their jurisdictions. Everyone was excited that the Reverend Jesse Jackson has decided to champion this intersection of public health and corrections by bringing the issue to Congress in hopes of developing funding streams for programs.

CDC and NIJ are in the process of planning a "reunion" of the 17 jurisdictions in early spring of 2001.

CDC AND NIJ SUPPORTIVE ACTIVITIES

- Dissemination of meeting proceedings, recommendations, and action plans to participants (December 1999)
- Assistance in finalizing action plans and technical assistance requirements (February and March 2000)
- Dissemination of "Issues and Best Practices Report" on the outcomes of this project

The 17 jurisdictions will be invited back to present their progress on achieving their blueprints for change. The next tier of jurisdictions will also be invited to learn from the first group and to develop their own blueprints. Lastly, academicians from local colleges and universities may participate to learn about these public health/corrections partnerships and to devise ideas for further collaboration on research and evaluation.

Much time and effort has been and will continue to be devoted to this initiative of public health/corrections collaboration at the local level. The data on HIV/AIDS, STD, and TB reveal a critical intersection

and a tremendous opportunity for disease treatment and management in order to protect our collective community inside and outside jails.

Materials and tools developed from the conference "Integrating Public Health and Corrections: Preparing for the New Millennium" can provide guidance to other local jurisdictions in their attempts to coordinate public safety for their communities. CDC and NIJ wish to thank the 17 jurisdictions for their willingness to participate in the conference and for completing their blueprints for action. ■

For more information

Karina M. Krane
(404) 639-8862
Fax: (404) 639-8153
Email: kek4@cdc.gov

John Miles
(404) 639-8011
Fax: (404) 639-8629
E-mail: jrm2@cdc.gov

*Centers for Disease
Control and Prevention
1600 Clifton Rd. N.E.
Atlanta, Georgia 30333*

UPDATE: SOCIAL SECURITY EXPANDS INCENTIVE PAYMENTS TO JAILS

The U.S. Congress passed a new law in December 1999 extending provisions of a 1996 statute that authorized payments from the Social Security Administration (SSA) to jails that reported inmate information to SSA. The previous law authorized payments to state and local correctional and certain mental institutions that entered into an agreement to furnish SSA with information that resulted in the suspension of Supplemental Security Income (SSI) payments. The new law extends the incentive payment provisions now in effect to include information about inmates eligible for Social Security old age, survivors, and disability insurance (OASDI) benefits. The incentive payments and amounts remain the same:

- \$400 for information received within 30 days after the individual's date of confinement.
- \$200 for information received between 30 and 90 days after an individual's date of confinement.
- No payment for information received on or after the 91st day.

When the reported inmate is a concurrent beneficiary of both SSI and OASDI, the jail will receive only a single incentive payment, the cost to be split between the two programs. Social Security benefits (both SSI and OASDI) to inmates will be suspended for any periods of confinement in a correctional institution that last for more than 30 days. The bill also prohibits payment of benefits to any person who, upon completion of a prison term, remains confined by court order to a public institution as a sexually dangerous person or a sexual predator.

Social Security Administration staff will contact jail and prison administrators in the near future to discuss the changes in the law and to negotiate expanded incentive payment agreements with them. For additional information, contact your local Social Security office. To locate the nearest office, call (800) 772-1213 or see the Social Security Administration's web site at <http://www.ssa.gov>. ■

Local Jails: The Missing Piece of the Community Policing Paradigm

ACCORDING TO A RECENT article in a law enforcement publication, the corrections end of the criminal justice spectrum is becoming increasingly involved in the community policing model. The article goes on to discuss how probation, parole, and the courts are forming partnerships and collaborating to make communities safer. However, there is no mention of the involvement that local jails have in the community policing effort, despite the fact that jails have a great deal to offer in the community policing arena. Far too often, local jails are left out of the picture, when they should be identified as the missing piece of the community-policing paradigm.

Community policing is both a philosophy and a management style, and it affects the entire law enforcement agency. Community policing tries to bring communities and law enforcement agencies together to deal with crime and other community issues. The primary components of community policing are community partnerships and problem solving.

Recent statistics indicate that crime rates are decreasing; many factors

may be contributing to this decrease. Tougher sentencing laws, more police officers on the streets, and greater involvement by communities are all having an impact on crime. Many individuals in law enforcement believe that community policing is another factor helping to reduce crime. If community policing can work in the communities that you and I live in, can it also work inside the communities of our local jails? I believe that it can.

What would our jails look like if they were to operate under a community policing philosophy? The chart on page 17 compares the traditional role of corrections and what corrections might look like under a community policing model.

One of the problems of applying community policing to a correctional setting is defining what "community" means in a jail setting. Jails actually have two communities they need to be concerned about—the external and the internal community. The external community encom-

passes everything outside the jail walls, including the general public and other agencies that may come into contact with the jail. The internal community includes the correctional staff and the inmates who live and work inside the jail.

COMMUNITY POLICING can work not only outside the walls of our jails but also inside. A properly implemented community policing philosophy will allow our jails to play a greater role in the communities in which we all live. But how can we apply the community policing principles to our correctional facilities? Following are a few suggestions.

Direct Supervision

If jails are to have a positive impact on their internal communities, jail staff need to be aware of the problems their "citizens" are facing on a day-to-day basis. Just as the officer on the street needs to know what is happening in the neighborhood that he patrols, the correctional officer needs to know what is taking place on his "beat." There is no better way to do this than for officers to walk, talk, and interact with the inmates who are under their care.

Direct supervision facilities have a definite advantage in this area, and the benefits of these environments have been well-documented. However, agencies that do not have

By **SERGEANT DAVID KURTZE**, Fresno County Sheriff's Department, Fresno, California.

TRADITIONAL CORRECTIONS VERSUS COMMUNITY POLICING FOR CORRECTIONS MODEL

	Traditional Corrections	Community Policing for Corrections
<i>What is the jail?</i>	A building to hold inmates	A resource for the community and a place where inmates may change their lives
<i>What is the relationship of the jail to other public service departments?</i>	Limited to those contacts required	Part of a team working together by law to improve the quality of life in the community
<i>What is the role of local corrections?</i>	To house inmates	To work in partnership with the community to improve the quality of life in our county
<i>How is jail efficiency measured?</i>	Lack of negative publicity	Positive public contacts, community involvement, and quality of life
<i>What are the highest priorities in the jail?</i>	No mistakes, no excuses, get the work done	Positive public contacts
<i>What specifically do CO's deal with?</i>	Inmates	The public
<i>What determines the effectiveness of corrections?</i>	Lack of negative publicity	The public's image of us
<i>What view do CO's take of calls for assistance?</i>	More work and another additional task to perform	An opportunity to serve the public and help someone
<i>What is professionalism in corrections?</i>	No negative events or contacts	The public's image of us
<i>What kind of intelligence is most important?</i>	Criminal	Criminal
<i>What is the essential nature of corrections accountability?</i>	Performance standards	Accountability to public needs and concerns
<i>What is the role of jail administration?</i>	To establish policies and procedures and administer discipline	To provide resources and empower staff to carry out the mission of the organization
<i>What is the role of the press in corrections?</i>	To publicize problems and mistakes	To develop positive public relationships with the community

direct supervision jails can still benefit from this philosophy by providing a management approach that encourages staff to interact with the inmate community as much as possible. The more opportunities staff have to interact with inmates in this way, the greater their impact on the day-to-day problems we face in our jails.

Inmate Labor Crews

Many jails have inmate labor crews on which sentenced inmates perform various work projects in their communities. Inmates provide labor for humanitarian projects, trash collection, cleaning of schools, graffiti removal, and a variety of other tasks. These inmate labor crews provide positive benefits for everyone involved: communities benefit from the work and projects the inmates complete; jails benefit from the positive public relations and opportunities to form partnerships with the community; and the inmates are given an opportunity to repay the communities with the labor they provide. This work also gives the inmates an opportunity to feel good about themselves and helps to implement a philosophy of restorative justice.

Inmate Intervention and Education

Inmate intervention and education programs provide our communities with an opportunity to have a real impact on crime and the causes of crime. The vast majority of inmates who come through our jails will return to our

communities. Intervention programs help inmates to deal with many issues such as substance abuse, low self-esteem, stress, anger management, and domestic violence. Educational programs help inmates develop some of the basic skills they will need to make a successful transition to life outside the jail. Religious programs help to provide moral and ethical values that can have long-term impacts on behaviors and life choices. All these programs help to reintegrate inmates back into their communities.

Mental Health Services

It has been estimated that mentally ill inmates account for 10 to 15 percent of jail populations nationwide. Mentally ill inmates pose special problems for jail staff in terms of housing issues, discipline, and the provision of necessary treatment. Individuals with mental illnesses may have been receiving treatment prior to their arrest and placement in our facilities, but their treatment often ends once they are incarcerated.

Jail mental health services that operate under a community policing philosophy work to form contacts and partnerships with their counterparts in the community. While these individuals are in custody, jail staff can also attempt to continue services that have already been started. When inmates are released, jail staff can make contacts with the appropriate agencies and help plan post-custody services.

Problem Solving

Corrections, like law enforcement, is incident-driven. Correctional staff typically spend much of their time responding to incidents that happen on a day-to-day basis. Officers respond to fights, inmate incidents, and other jail problems on a routine basis. Once the incidents are resolved, there may be little or no follow-up to address the underlying factors that may have caused the incidents.

For too long, jails have operated on a reactive basis by primarily dealing with problems after they have happened. Jails operating under a community policing philosophy take a more proactive stance and attempt to deal with problems before they happen, or at least look for some long-term solutions to the issues.

Problem solving is hard work. Jail staff are trained well to respond to incidents, but they often receive little or no training in how to analyze and solve problems. Few jails make the effort to look at similar incidents that are taking place in the facility and try to address the underlying problems. Jail staff are often too busy dealing with day-to-day incidents that take place. Our jails need staff who can not only respond to incidents but can identify problems, understand why they are occurring, develop and implement solutions, and determine if their solutions are working.

Customer Service Orientation

For too long, the public sector has lagged behind the private sector in the area of customer service. Because profit and customer retention are generally not seen as goals of the jail, customer service has not been seen as an area that needs to be addressed.

Jails that operate under a community policing model understand and emphasize the need for a customer service orientation. Treating individuals who come into contact with our jails as customers will provide a number of benefits for our facilities. A customer service orientation will help to reduce complaints about correctional staff from both the general public and the inmates in our care. It may also help reduce the number of inmate grievances that are filed against staff.

Staff treating each other as customers also can help to lessen the number of internal complaints. Finally, jails may receive more support from the community, because citizens who are treated in a professional and respectful manner by jail staff are more likely to be supportive of jail issues when they arise.

Community Involvement

Community policing provides jails with a greater opportunity for community involvement. Correctional staff become more involved in our communities, and our communities become more involved with our jails. For a long time, law

enforcement has been involved with our communities, but correctional staff have not had the same opportunities.

The community policing philosophy has helped to open some of these doors, and correctional staff now have more opportunities. They are being asked to speak at schools, to participate with various civic groups, and to be members of service-oriented organizations. Partnerships have been formed between correctional staff and community groups to provide services to inmates and their families. Some facilities join with the community and pass out toys to the children of inmates when they come to visit during the Christmas season. Other facilities use community resources to help provide inmate education, recreation, and religious services.

IF OUR LOCAL JAILS ARE to be an integral piece of the community policing paradigm, we need not only to be involved with our communities, but also to allow our communities to be involved with our jails. We must open the doors of our facilities and let our communities see and be involved with what is taking place. We need to let our communities know about the positive things that are taking place, rather than allowing them to hear only the negative things reported by the media.

Our jails have many resources to offer our communities. The principles of community policing can have an important impact on what happens

inside our facilities if we will allow them to work.

Our jails also have the opportunity to take what is working inside our walls to the outside to help respond to the needs of our communities. As we do this, our jails will no longer be the missing piece of the community policing paradigm. Instead, we will be seen as a vital partner in the community policing effort to make our communities better places to live. ■

For more information

*Sergeant David Kurtze
Detention Custody Bureau
Fresno County
Sheriff's Department
1225 M Street
Fresno, California 93721
(559) 488-1902
dkurtze@fresno.ca.gov*

Multnomah County Reengineers Its Classification and Disciplinary Systems

FOR OVER A DECADE, the Multnomah County Sheriff's Office in Portland, Oregon, was prevented by a 1979 consent decree from double bunking its intake and maximum security facility. The all-pervasive consent decree had been in place when the Corrections Division developed its jail classification system in 1983. The consent decree prompted the development of a matrix release system to prevent the overcrowding of facilities beyond the imposed caps. At present, the system consists of five facilities with a total capacity of 2,073 beds. Over 36,000 inmates were released under the matrix release system from Multnomah County jails between 1986 and November 1997.

In 1997, the county found itself on the verge of overturning the 1979 consent decree. When it became clear that the challenge to the consent decree might actually prevail and double bunking might be put in place, managers had to scramble to begin planning to deal with the implications. A new system of population release had to be developed, transitioning the emergency release authority from federal court criteria to the state and local laws that had

been enacted in the intervening years.

The classification process also had to receive a major overhaul. It had been developed for a system whose main facility, the Multnomah County Detention Center (MCDC) in downtown Portland, was a direct supervision jail with single cells. The classification system called for inmates with the worst charges and behavior to be identified and interviewed, while inmates with the least serious charges and no apparent behavior problems were diverted directly from booking to a small medium-security satellite facility.

New facilities were built over time, adding large numbers of medium-security beds to the system, but the core classification practices remained intact. The main incentive for inmates to control their behavior and cooperate with MCDC rules was the amount of time they were allowed out of their cells. This varied from 2 hours a day to as many as 12 hours, depending on the inmate's behavior and classification level.

With double bunking, however, the day rooms would not be large enough to accommodate all inmates being out at once. Meal service and all other activities would have to take place in shifts. If an inmate's charges were serious and he could not be transferred to one of the other facilities, he would languish in his cell, no matter how good his behavior had been. Staff felt that this was truly a script for disaster just waiting to be played out when double bunking became a reality.

A NUMBER OF STEPS

were therefore taken to prepare for double bunking. Staffing levels in the classification unit were quadrupled, and all inmates booked were interviewed to determine their appropriateness for double bunking. The MCDC facility had to take on a new role in the jail system, becoming less a special management facility and more a short-term intake, assessment, and transition facility. Eventually, staff at all facilities agreed that behavior outweighed charge level in determining who should be eligible for transfer to medium-security dorms.

By **WARREN F. COOK**, Captain (retired), and **LARRY P. REILLY**, Manager, Research and Planning Unit, Multnomah County Sheriff's Office, Portland, Oregon.

Staff began asking questions like, “How can inmates be made to conform to these new expectations?” Many inmates, especially those with poor interpersonal relationship skills, were comfortable causing problems if it meant remaining in single cells, even if they lost dayroom privileges as a result.

Another question was: “How can we create positive incentives, while at the same time effectively forcing the issue by creating more onerous consequences for nonconformance?” The answer was to place disciplinary inmates in double-bunked cells, while improving classification considerations and reengineering our outdated disciplinary program.

IN ANTICIPATION OF THE changes that were to come, more double bunks were built than were needed. The capacity of the facility was raised by 200, but 280 new bunks were actually installed throughout the facility. The extra 80 beds remain empty and do not appear on counts or capacity charts. They are invisible to the system, but they have become the backbone of the successful transition of MCDC to its current use.

Thirty of these beds are devoted to classification, so that inmates with the appropriate classification will always be placed in the right bed. The remaining 50 beds are devoted to creating an “empty bed” in disciplinary. This has an indirect effect on discipline because offenders

always understand that there are fewer consequences to disciplinary violations when systems are full. The “empty bed” principle takes real vision and is difficult to maintain under the pressures of the need to manage a jail population within a restricted capacity, but it has become integral to the system’s success.

With the addition of the double bunks at MCDC and the increasing number of close custody and vulnerable classification inmates who were kept in this expanded capacity, we needed to establish a global plan for housing inmates in all our jails. Simultaneously with the double bunking of MCDC, we were remodeling our “satellite” facility, the Multnomah County Inverness Jail (MCIJ), which eclipsed the older facility in size when its capacity was expanded to over 1,000 beds.

The commanders of these two facilities got together with other staff and prepared a system-wide scenario for classifying and housing inmates. They established that MCIJ would be a group of direct supervision dormitories primarily holding those classified as “general housing” inmates, while MCDC would provide intake, detox, assessment, and short-term housing, as well as custody for the most disruptive and disturbed inmates in the system.

In order to make this work, we joined the efforts of the classification staff to move our facilities to a full behavior-based classification system. This system

mandated that inmates who could reside in jail without causing problems would be classified as “general housing” without regard to their charge(s). This was a new approach for the staff, and there were some expected emotional responses. Both commanders worked with staff to reinforce the concept and its associated implementation. After a period of time, staff saw the benefit of this new approach and with few exceptions recognized that most inmates classified under this scheme 1) followed the rules, 2) responded positively to the amenities that came with this classification, and 3) worked hard to ensure that they remained in the dormitory housing environment.

AS WE IMPLEMENTED

this new approach, MCDC was converted to a facility that housed:

- Newly arrested unclassified persons;
- Inmates with medical and mental health needs;
- Close custody inmates;
- Inmates on disciplinary status; and
- Inmates with other special needs.

To manage this population in a double-bunking environment, we had to improve our ability to supervise the inmates, while swiftly dealing with those who exhibited inappropriate behavior. Again, the commanders put their heads together and, with the aid of many staff members, spent several months

overhauling the agency's inmate disciplinary program.

In order to develop a system that would work for all, the commanders established a blue ribbon task force to research, design, develop, and implement a new way of responding to inappropriate inmate behavior. Working on the premise established by the National Institute of Corrections that "people support what they help create," they drew from a cross-section of agency staff to form the task force. Members included officers, supervisors, hearings officers, union representatives, counselors, medical and mental health workers, command staff, and other interested agency personnel.

During several months of meetings, the task force researched various disciplinary programs used by other county and state agencies. After deliberation, they decided to adopt a modified version of the five-level discipline program used by the Oregon Department of Corrections (DOC). This program had been in effect in the DOC system for several years and had withstood several court tests in the Ninth Federal Circuit Court.

THE SYSTEM SOUGHT

by the jail commanders would communicate two messages to the inmate:

- That inappropriate inmate behavior in Multnomah County jail facilities will not be tolerated and will be dealt with swiftly and appropriately;

- That all inmates will be given the opportunity (after they are disciplined) to work their way back to a classification that will give them the best amenities offered by our facilities, directly based upon their compliance with the rules.

The goal of the program is to reinforce the concept that inmates are personally responsible for their own behavior at all times. This message is communicated regularly to inmates. The staff, acting with professional neutrality, work with inmates to focus on improving their classification, which is based on inmates' exhibited behavior.

Rather than responding in the traditional manner—"once a disciplinary problem, always a disciplinary problem"—all staff document objective observations of the inmate's behavior and forward them to the appropriate entity for consideration. Observations for disciplinary levels 1 through 4 are forwarded to the classification staff and for disciplinary level 5 to the facility commander. By seeing that he/she will be treated fairly, regardless of a past history of negative behavior, the inmate has the incentive to improve his or her behavior while in custody.

AS WE DEVELOPED A

new way to deal with inmate discipline, we did not want to disrupt the inmate population by changing the entire system at one time. The new program kept the current rules in place. It also embraced the basic

requirements of disciplinary due process, including:

- An appropriate "Inmate Misconduct Report" properly served to the inmate;
- A supervisor's objective investigation of the misconduct allegations;
- An objective decision by the supervisor as to whether or not the inmate's behavior warranted a pre-hearing lockdown;
- A timely misconduct hearing by the Hearings Officer;
- Command review of the disciplinary process; and
- Mechanisms allowing the inmate to appeal the process.

The new system uses a disciplinary continuum (see Figure 1, page 23) to respond to violations of conduct prescribed by the inmate manual. It also establishes the amenities (see Figure 2, page 24) granted to inmates in each of the five disciplinary levels.

Disciplinary levels 1 through 4 are invoked in response to specific acts of inmate behavior. Upon a guilty finding, the hearings officer may issue a warning or impose any one or combination of sanctions. These sanctions range from the loss of good time, visits, and facility entitlements to disciplinary detention for up to 30 days on a single viola-

Figure 1. Multnomah County Disciplinary Continuum

	Level 1	Level 2	Level 3	Level 4 or 5
Violation Status	Minor	Major	Major	Major
Inmate's Resistance	None	Static/verbal	Active	Ominous
Severity Threat	None	Undecided	Resistive	Resistive
Violation Examples	-Minor contraband -Minor violation of module/dorm rules -Commissary violations -Library violations -Failure to make bed or clean up area	-Misuse/abuse of medications -Gambling -Disrespect -Telephone violations -Unauthorized areas -Lying or providing false information	-Threats to staff -Fights -Disruptive behavior -Major contraband -Facility violations -Disrespect	-Staff assault -Riot/disturbance -Weapon use -Assault -Continuous major rule violations

tion or 60 days for multiple violations.

In addition, the hearings officer can order the inmate to pay actual cost restitution for property or items damaged or destroyed. The officer can also impose monetary fines as one of the sanctions, the most significant tool in dealing with improper inmate behavior. For inmates found guilty of violations, the hearings officer also imposes an administrative fee, which generates nearly \$1,800 per month in revenue to offset other inmate expenses.

THE MOST RESTRICTIVE level of disciplinary housing is level 5 and is the specific purview of the MCDC Facility Commander. Level 5 sanctions are seen as extreme efforts to get the inmates to focus

attention on 1) the specifics of their non-compliant behavior, and 2) the measures of personal responsibility needed to remove them from that level. Sanctions can include the use of sack lunch or nutra-loaf meals, clothing and bedding restrictions, reduced walk time, and other appropriate restrictions based on the inmate's extreme negative behavior.

In reviewing the practices of other corrections systems, we found that levels of sanctions more severe than the basic four levels were in effect and working well in other places. For example, from *O'Leary v. Iowa State Men's Reformatory*, 79 F.3d 82 (8th Cir. 1996), we learned that inmates could be deprived, for short intervals, of blankets, mattresses, and underwear.

Level 5 procedures require the commander to meet with the inmate to discuss the non-compliant behavior, address the sanctions imposed, and provide the inmate with a plan to move from the level 5 restrictions to other classifications. Again, it is the inmates' task to take personal responsibility for their behavior, while keeping focused on a desired outcome so that they can improve and achieve a level of compliant behavior while in custody.

Through a series of sessions, the commander meets with the inmate to monitor his/her achievement within the plan and makes decisions regarding the inmate's level 5 status.

Figure 2. Amenities Granted by Disciplinary Level

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 5+
Food	All regular meals	All regular meals	Sack/sack/regular	Sack/sack/regular	Sack/sack/regular	Nutra-loaf when required
Commissary	Personal hygiene only	Personal hygiene only	Personal hygiene only	Personal hygiene only	Personal hygiene only	Personal hygiene only
Clothing	Regular	Regular	White jump suit	White jump suit	White jump suit	Paper suit
Walk Time	1 hour daily	30 minutes daily	15 minutes daily	15 minutes daily M-F	15 Minutes daily M-F	15 minutes daily T-Th
Visitation	Mother, father, spouse, child	Mother, father, spouse, child	Mother, father, spouse, child with sergeant approval	Legal counsel, clergy, emergency with commander approval	Legal counsel, clergy, emergency with commander approval	Legal counsel, clergy, emergency with commander approval
Writing Materials	Envelopes, 4 pencils, 10 sheets paper	Envelopes, 4 pencils, 10 sheets paper	Envelopes, 4 pencils, 10 sheets paper	Envelopes, 4 pencils, 10 sheets paper	2 envelopes, 2 pencils, 3 sheets paper, day shift only	None
Books	4 books	4 books	1 book	Religious materials per chaplain	Religious materials per chaplain	Religious materials per chaplain
Telephone	While on walk	While on walk	While on walk	Incoming legal only	Incoming legal only	Incoming legal only
Inmate Movement	Move in handcuffs	Move in handcuffs	Move in waist/leg chains; high risk setup	Move in waist/leg chains; high risk setup	Move in waist/leg chains; high risk setup	Move in waist/leg chains; high risk setup

THE RESULTS OF THE

new disciplinary system have been remarkable. At times, our disciplinary units—once full, with inmates waiting for placement—have vacant cells. Even taking into account the increase in disciplinary beds added during expansion, there has been a drop in the proportion of beds we must set aside for disciplinary use. The staff are actively working with inmates who have been on disciplinary status to get them back on the straight and narrow, helping them survive their time in jail with compliant behavior and associated amenities.

Double bunking, the addition of empty beds, and the change in the disciplinary process all occurred in 1998. We therefore examined disciplinary data from MCDC for the years 1997 and 1999 to see if these changes resulted in any significant differences in the number of disciplinary hearings, the number of disciplinary beds used, and overall the number of incidents in the jail (see Figure 3).

Analysis indicated that the number of disciplinary hearings actually increased. Even factoring in the increase in beds (476 to 676), the number of hearings per bed still increased by 20%. However, the number of lockdown days per disciplinary hearing decreased by nearly 39%. It appears that more inmates are being held accountable for their actions (i.e., there were more hearings), but the nature of their infractions has become less severe.

Figure 3. Outcomes of the New Disciplinary System

	1997	1999	Difference
Average Hearings / Month	94.50	160.20	+65.7%
Average Hearings / Bed	0.20	0.24	+20.0%
Lockdown Days / Hearing	23.66	14.51	-38.7%
Major Incidents / Bed	0.13	0.11	-15.0%

The last significant finding was that major incidents at the facility dropped by 15% per bed. Reducing the number of hearings or sanction days would mean nothing if this figure had increased. However, this decrease indicates increased safety, more accountability, and better compliance while at the same time we are using proportionally fewer disciplinary beds.

OUR GOAL IS TO ACHIEVE

excellence in the way we in Multnomah County perform tasks to manage the inmates who are in our custody. Our professional staff works within this philosophy to improve our operations while also reducing liability and making our facilities safer for staff and inmates alike. The reengineering of our disciplinary system is one of many ways that we have responded to the need to find better ways to manage the behavior of those in correctional custody. ■

For more information

*Greg Hodgen
Hearings Officer
Multnomah County
Sheriff's Office
1120 South Third
Portland, Oregon 97204
(503) 248-3444*

Milwaukee's High-Rise Jail/Prison Hybrid

A 1997 RULING OF THE Wisconsin Supreme Court found that, because of crowded conditions in the Milwaukee County Jail, the Sheriff of Milwaukee County was no longer required to hold state prisoners who were in violation of their community supervision. Milwaukee County had sought that ruling through litigation because of severe crowding caused largely by the state's policy of placing probation and parole violators in the county jail. The decision left the Wisconsin Department of Corrections (DOC) with a dilemma, however. The only leverage it had over offenders in the community was the threat of reincarceration, but the jail was no longer available to hold these offenders.

DOC staff know that public safety is best served when a non-compliant offender can be held in secure detention for a period of time. During that time, the alleged violation can be investigated, and the offender can be placed into programming, including treatment. Following their placement in secure detention, some probation or parole violators may return to the community, while others may be revoked and sent to the Wisconsin prison system.

In May 1997, the Governor's capitol budget recommendations were presented to the state legislature. They included a \$137,000,000 request to construct 1,600 additional beds. Among the approved facilities was a medium security facility for probation and parole in southeastern Wisconsin, which would include a 210-bed alcohol or drug abuse (AODA) program.

The new community corrections holding facility will be the first of its kind in Wisconsin. Neither a prison nor a jail, the new facility is a hybrid with a mixed population. It will be located in downtown Milwaukee and have a design capacity of 1,048 beds, including:

- 750 beds for a general population of felony probation and parole offenders who have violated their conditions of supervision. A typical housing unit will resemble a standard podular design and contain a maximum of 100 offenders.
- 38 beds for offender transportation. The DOC has agreed that all offenders sentenced by Milwaukee county courts to the state prison system will initially be housed at

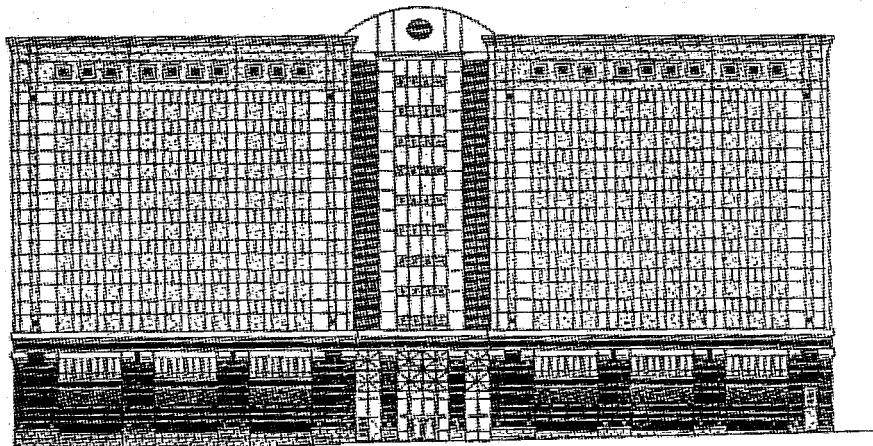
the facility. The DOC will provide transportation from the facility to the Reception Center at Dodge Correctional Institution. The transportation and holding area will also be the entry point into the building for probation and parole officers who bring in offenders.

- 210 AODA beds. Judges can sentence directly into this program or can order participation as a condition of probation. The treatment unit will include four dorms with approximately 24 to 28 beds. Each housing unit will contain centralized shower and toilet areas and program space to conduct AODA treatment.
- 50 beds for a segregation unit. The secure holding cells will be designed as maximum security, and each will be occupied by only one offender.

In addition to AODA offenders, the facility will house offenders who need to be detained because they have violated conditions of their supervision and offenders who are awaiting transport to begin a sentenced prison term. The population will include—but not be limited to—offenders with mental health problems and those with a history of absconding and/or violent or assaultive behaviors.

The assumption is that most of the population will come from the southeastern part of the state, especially Milwaukee, and will either return

By **JOHN HUSZ**, Superintendent, Wisconsin Division of Community Corrections, Milwaukee, Wisconsin.



Milwaukee Community Corrections Detention Facility

to their home community on release or be transferred to another facility. Average length of stay in the secure detention area of the facility will be approximately 30 days, but individual stays may be much shorter or longer, depending on the reason for the stay and the investigative process. Offenders awaiting transportation to a state facility will average stays of 2 or 3 days. Those in the AODA program will have lengths of stay from 16 weeks up to 9 months.

THE FACILITY WILL BE

administered by the Division of Community Corrections (DCC). It is the first secure institution to be operated by DCC and, conceptually, is a combination of an 800-bed county jail and a 210-bed medium security institution for alcohol and drug abuse programming. The operational philosophy of the facility will be to have offenders stay on their assigned floors and to bring services to the housing units on each floor. Each floor, for example, will include interview

rooms for agents, tele-visiting booths, and health care offices. The facility has been designed to meet the specific needs of a holding facility for probation and parole and will include additional hearing rooms and interview rooms.

All programming will be internal to the facility. The facility will function as a medium security prison with no off-site programming, such as work release, community crews, or off-site treatment programming. The plans for the facility include contracting for medical care, laundry, and food service through the state bidding process.

THE MISSION OF THE

Wisconsin DOC is to ensure the safety and protection of the public through the safe, secure, and humane treatment of offenders entrusted to the department's custody and supervision. It is also the DOC's mission to provide programs and services to offenders that will enable them to acquire life-coping skills and posi-

tive attitudes and values, so that they can manage their freedom without reverting to criminal behavior.

In support of this mission, the Division of Community Corrections protects the public through community-based supervision of offenders. The DOC provides offenders opportunities to live, work, and receive treatment and training in the community and correctional centers, thus helping them to become productive citizens, gain self-esteem, strengthen their family units, and reduce their likelihood of further criminal behavior. This facility will ensure these missions are met, that offenders on probation and parole in Milwaukee will be held accountable for their behavior, and that revocation hearings will be conducted in a victim-sensitive manner. ■

For more information

*Superintendent John Husz
Wisconsin Division of
Community Corrections
1673 South 9th Street
Second Floor*

Milwaukee, Wisconsin 53204

(414) 771-0609

Fax: (414) 771-0643

John.Husz@doc.state.wi.us

Allegheny County Brings Welfare to Work to the Jail

TRADITIONALLY, JAILS have operated as closed systems. Both those in society and those who work in jails have preferred jails to be out of sight and out of mind. Jail administrators and wardens have identified their primary responsibility to public safety only in terms of care, custody, and control while inmates are incarcerated in the facility. The view has often been that if an inmate does not escape and is treated in accordance with court orders in a safe jail environment, then the public's safety has been protected. The idea that jails have public safety responsibilities after an inmate is released has seldom been considered.

Programs designed to address offender rehabilitation have, until fairly recently, been managed entirely by those in corrections. Society has not been part of the formula. In general, inmates have participated in education, drug treatment, job training, and other programs in correctional facilities and then been released back to society without attention to continuity of care or community involvement. It's no wonder that criminal careers continued. Without help

after incarceration, the ex-inmate could not integrate positively back into society.

Recent studies such as that of the Rand Corporation have shown that treatment is more cost-effective than incarceration alone, and corrections agencies are taking another look at their public safety responsibilities.¹ The fact that large numbers of incarcerated persons are addicted to drugs and alcohol makes treatment programs necessary in prisons and jails. The difference in current jail programs from the failed programs of the past is in community involvement. Jails are beginning to change from closed to open systems, allowing community agencies to bring programs into jails.

Collaboration between jails and these agencies in obtaining funding and in developing and managing programs both in and out of jails is becoming the new and improved approach to offender rehabilitation.

A collaborative model is necessary if agencies with offender reintegration responsibilities are to be

successful. Local jails can play a significant role in such collaborative efforts. However, if jails remain closed systems and not open to the public, the collaborative model will fail.

ONE USEFUL APPROACH to jail and community agency collaboration involves Welfare to Work programs. Many clients who are on welfare become incarcerated and will return to welfare after they are released. These offenders have education deficiencies, drug and alcohol addictions, poor to no job skills, and family problems. They also face losing welfare eligibility in less than 5 years. Although welfare agencies have always been inextricably connected to jails merely because they share the same clients at different times, jails have not been in a position to assist these agencies. Today, that has changed.

With the nation's massive effort to reduce the welfare rolls, along with the improved state of the economy, welfare recipients are being prepared to leave welfare and go to work. Ultimately, because those on welfare who are incarcerated will return to society, it makes sense for incarcerated welfare clients to begin receiving needed services prior to their release. It benefits both jails and Welfare to Work agencies to form partnerships and develop programs in jails that will serve the returning welfare client.

By **CALVIN A. LIGHTFOOT, CJM**, Warden, Allegheny County Jail, Pittsburgh, Pennsylvania.

RECOMMENDATIONS FOR CREATING COLLABORATION

Wardens and jail administrators can use these strategies to convince Welfare to Work administrators that collaborating is in their mutual best interest:

- First, identify the agency within your county or jurisdiction that has the responsibility for Welfare to Work and arrange a meeting.
 - Before you meet with the Welfare to Work agency, begin identifying individuals within your inmate population who were on welfare prior to being incarcerated. It may be a good idea to identify fathers who could qualify to be non-custodial parents, as this is one of the qualifying points within the Welfare to Work concept.
 - When you have your meeting with the Welfare to Work agency, be sure to ask the following questions:
 - Did you serve any of the inmates who are in my system prior to their becoming inmates?
 - Do you serve ex-offenders after they leave my system?
 - If the answer to these questions is yes, will you consider implementing a Welfare to Work effort in my jail?
 - When you are explaining to the Welfare to Work agency the logic of working from your jail, emphasize the value of creating continuity of the Welfare to Work services by extending assistance to their former clients who are incarcerated.
 - You can also make the case that by including the jail in its approach to getting people off welfare, it will connect a broken chain and ensure public safety.
 - The actual location in which Welfare to Work should begin working from your jail is in the classification housing units. This gives agency representatives the opportunity to begin identifying and assessing the needs of clients as they are admitted into the jail.
 - If your jail lacks some services, such as drug and alcohol treatment, that would support the Welfare to Work effort, ask the Welfare to Work agency if it would establish those services in your jail. If you do not have certain services, the Welfare to Work agency will in all likelihood implement them in your jail.
 - Once an individual inmate has received services in your jail from Welfare to Work and is released to society, he/she will continue to receive those services after release. This helps Welfare to Work to be more successful in its overall mission.
-

WELFARE TO WORK,

administered by the Allegheny County Department of Human Resources, has had an office in the Allegheny County Jail since June 1999. Human Resources staff conduct needs assessments and refer inmates to jail programs, including those focused on wellness, job skills, and other programs designed to prepare them for integration back into society.

Since the collaboration began, 87 inmates have benefitted from it. In addition, approximately 250 other inmates are currently participating in collaborative jail/Welfare to Work programs. As this collaboration continues to develop, we anticipate that many more inmates will be released back into society with jobs.

According to Reginald Young, Deputy Director of the Allegheny County Department of Human Resources, there are real benefits to the agency's work with the jail: "The jail's inmate population provides a great opportunity for agencies of the Allegheny County Department of Human Resources to identify, assess, and prepare Welfare to Work clients to be reintegrated back into society for continuation and full participation in societal Welfare to Work programs. We are confident that these individuals will be better citizens, not committing crimes and contributing to the betterment of society as a whole."

Inmates also recognize the value of receiving services while they are in jail. For example, a former inmate and Welfare to Work client who was a non-custodial father made the following comment: "While in the Allegheny County Jail, I participated in computer and food services classes and received certificates for both. I also participated in the job readiness class. After I got out of jail, I continued with the Welfare to Work program through Mon Yough Community Services, a Welfare to Work contracted agency. It is my opinion that the jail and Welfare to Work programs are incredible programs."

THOSE OF US WHO ARE

leaders in corrections know too well what it is to try to get long-lasting, positive results while we are working alone, in terms of protecting public safety from returning offenders. If working relationships are not established among organizations in society that have similar public safety missions, then this situation will not change. Working together is the solution.

Jails must open their systems to service delivery agencies, and those agencies must continue to provide the same and other services to offenders after they are released.

Welfare to Work is but one such agency that can open shop in jails. There are many others. It merely takes us as leaders to invite them to deliver their services in our institutions, keeping in mind that such services must go beyond the jail in

order to impact public safety in the best possible way. ■

Notes

1. Jonathon P. Caulkins, *Mandatory Minimum Drug Sentences: Throwing Away the Key or the Taxpayers' Money* (Santa Monica, California: RAND Drug Policy Research Center, 1997).

For more information

*Warden Calvin Lightfoot
Allegheny County Jail
920 2nd Avenue
Pittsburgh, Pennsylvania 15219
(412) 350-2100*

Recommended Reading

***ADA Resource Guide.* Austin, TX: Texas Commission on Jail Standards. 1999. 126 p. NIC-016276.**

Provides information on the Americans with Disabilities Act standards in jails, including definitions, grievances, recent litigation, commonly asked questions, a self-evaluation guide, and a resource directory.

***Community Corrections in America: New Directions and Sounder Investments for Persons with Mental Illness and Codisorders.* Arthur J. Lurigio. Prepared by the National Coalition for Mental and Substance Abuse Health Care in the Justice System for the U.S. Department of Health and Human Services, 1996. 184 p. NIC-014000.**

Includes contributions from 15 authors who discuss different approaches to working with the mentally ill in community corrections settings.

***How to Collect and Analyze Data: A Manual for Sheriffs and Jail Administrators. Second Edition.* Gail Elias. Prepared by Voorhis Associates for the National Institute of Corrections, 1999. 205 p. NIC-015580.**

Provides guidance on how information can fuel policy decision making, including the importance of good information; what information should be collected; how to gather data; and analyzing, interpreting, and disseminating the information.

***The Intermediate Sanctions Handbook: Experiences and Tools for Policymakers.* Peggy McGarry and Madeline M. Carter, eds. Prepared by the Center for Effective Public Policy for the National Institute of Corrections and the State Justice Institute, 1993. 155 p. NIC-000213.**

A planning resource for the development of more effective systems of intermediate sanctions, this document contains exercises and discussion outlines that address the key steps in the intermediate sanctions process from getting started to marketing. View online in PDF format at <http://www.nicic.org/pubs/1993/000213.pdf>.

***Jail Design Guide: A Resource for Small and Medium-Sized Jails.* Prepared by Kimme and Associates for the National Institute of Corrections, 1998. 372 p. NIC-015061.**

Developed specifically to assist jurisdictions in planning jail facilities of up to 200 beds, this resource is also likely to be useful to those involved in the development of larger jails because it explores many basic issues common to all jail facilities. It primarily addresses architectural design as it relates to functional components of the facility. Several major design considerations are also addressed, as are pre-design planning, renovations, construction costs, and facility transition.

***Objective Jail Classification Systems: A Guide for Jail Administrators.* James Austin. Washington, DC: National Institute of Corrections, 1998. 72 p. NIC-014373.**

Discusses key components of an objective jail classification system, including instruments that use reliable and valid criteria, overrides by classification staff, staff training, and housing plans that are consistent with classification outcomes. Addresses specific aspects of system implementation, automation, monitoring and evaluation, as well as policy implications. View online at <http://www.nicic.org/pubs/1998/014373.pdf>.

(Continued on page 32)

To obtain resources

The NIC Information Center provides single copies of these materials. As indicated, some items can be viewed in full-text on the Internet.

NIC Information Center
1860 Industrial Circle
Suite A
Longmont, Colorado 80501
(800) 877-1461
Fax (303) 682-0213
asknicic@nicic.org

Planning and Implementing Effective Mental Health Services in Jails.

Longmont, Colorado: National Institute of Corrections, Jails Division, 1999. 146 p. NIC-015115.

Focuses on developing and enhancing services and programs for mentally ill inmates, and covers a wide variety of topics including legal issues, service integration, classification building community partnerships, selecting staff and developing training plans.

Recruitment, Hiring, and Retention: Current Practices in U.S. Jails.

Constance Clem, Barbara Krauth, and Paula Wenger. Prepared by LIS, Inc., for the National Institute of Corrections, 2000. NIC-015885.

Reports on a survey of current staffing trends. Participating agencies identified strategies for recruiting, hiring, and retaining staff. Includes sample materials and tools used by participating agencies. View online at <http://www.nicic.org/pubs/2000/015885.pdf>.

Sexually Transmitted Diseases in Jails as a Public Health Issue.

Barbara Krauth and Constance Clem. Prepared by LIS, Inc., for the National Institute of Corrections, 1999. 8 p. NIC-015337.

Reviewing the provision of health care in large jails and jail systems nationwide, this report includes statistics on inmate screening and testing for tuberculosis, HIV, and sexually transmitted diseases. View online at <http://www.nicic.org/pubs/1999/015337.pdf>.

Staff Victimization Teleconference: March 25, 1998. Washington, D.C.:

National Institute of Corrections, 1998. 81 p.+ VHS tape. NIC-014596.

Includes panel discussion on recognizing, understanding, and identifying the core components of staff victimization; creating and improving victimization programs; and identifying staff responses to victimization. Accompanying text contains fact sheets and articles on staff victimization and post-traumatic stress disorder. ■

